



2010 BIG BEND CARES 5K RUN

Registration Form



The 2010 Tallahassee AIDS Walk and 5K Run fundraising event benefiting Big Bend Cares, a United Way Agency serving people in the Big Bend infected with of affected by HIV/AIDS

Date: October 17, 2010
Time: 2 p.m. Registration
 3 p.m. Run
Place: Tom Brown Park
Awards: Overall M/F, Overall M/F under 18, Master, & Grandmaster
Fee: \$12 if received by October 6 (w/T-Shirt)
 \$15 race day (T-shirt unavailable)
 \$8 no T-shirt option by October 6
 Please make checks payable to Big Bend Cares
Contact: Ms. Perry Thomas, 656-2431, ext.225
 pthomas@bigbendcares.org

register online at **active.com**

Tax-Deductible Donations Graciously Accepted



Please detach and mail to: Ms. Perry Thomas, Big Bend Cares 2201 South Monroe Street, Tallahassee, FL 32301

Name: _____
Address: _____
City/State/Zip: _____
E-mail: _____
Gender: Male Female

Telephone: _____
DOB: _____
Amount Enclosed: \$12 \$15 \$8
 I can't make it but would like to donate _____

T-Shirt Size: S M L XL

Youth Sizes: S M

Signature of Entrant (parent or guardian if under 18 years old) _____

I hereby release Big Bend Cares and any other persons involved from any and all damages or injuries incurred out of participation in the 2010 Big Bend Cares AIDS Walk and 5K Run, and further state that I have trained or am physically competent to run 5K.

Register Online at active.com